

Medical History

First suicide note?

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People have always had the choice of killing themselves. It is well known that suicide was often chosen by prominent ancient Greeks and Romans, usually as a result of "political" pressures. Little is known about whether mental illness ever caused people to commit suicide in the early days of civilisation, and there is rarely the opportunity to learn about the mental state of a victim before he attempts suicide.

I present details from an ancient Egyptian document that I believe probably is the earliest known suicide note in existence, and it also gives us an interesting insight into the clinical status of the writer. The story is from a papyrus that is now in the Berlin Museum and was best translated by Erman in 1896. The translation was published in English in 1966.¹ The papyrus was also discussed in detail by Breasted.² I have borrowed heavily from these two sources.

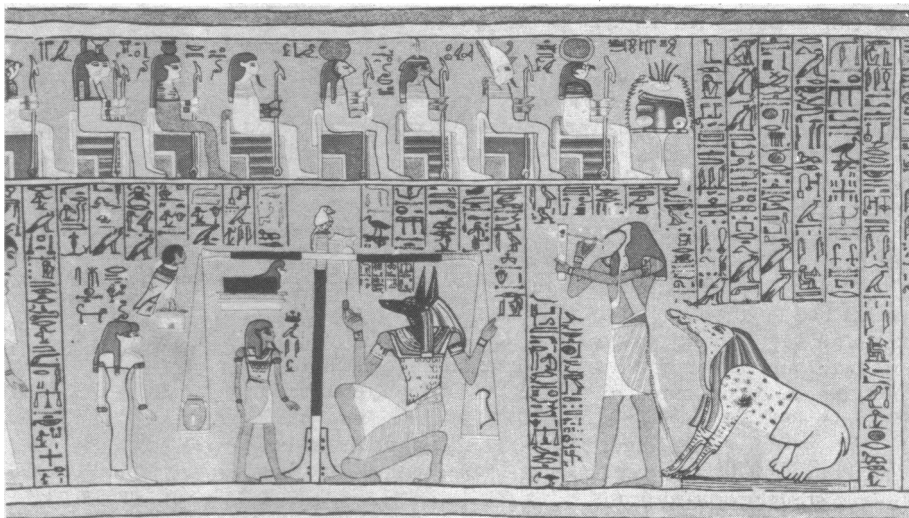
Unfortunately we never learn the name or the rank of the author. The papyrus itself is not the original but was copied by a scribe, who says at the end, "It is finished from beginning to end like that which was found in writing." The copy is dated about the time of the Middle Kingdom of ancient Egypt (1991-1786 BC), but both Erman and Breasted believe that the original had been dated earlier. *The Dispute with His Soul of One Who Is Tired of Life* is the title Erman gave to the papyrus. The first part of the papyrus consists of a narrative, but unfortunately much of it is missing and thus it is difficult to follow the narrative exactly. The second part consists of four poems that are more complete and give a good idea of the mental state of the author.

In the narrative there is a discussion between the subject and his soul. The Egyptians believed that the soul had a separate existence from the body and that after death the soul left the physical body and continued to live in the tomb. The soul therefore depended on the relatives of the dead person to maintain the tomb in good repair and to provide food and other essentials. Initially in this story it appears as though the soul has persuaded the owner to take his own life. However, when the author finally agrees and is on the brink of suicide, his soul pulls back, arguing that whereas death might be the answer for the physical body, it would be disastrous for itself because no survivors would be willing to build and maintain a tomb and no one would wish to make offerings to such a wretched person.

The soul argues that death should be forgotten and that better times may be ahead. The author goes on to describe how he feels now that even his soul has forsaken him.

Although the content of his narrative is full of ancient Egyptian religious and philosophical beliefs, the form it takes—the subject appearing to be in a state of depressive rumination—is similar to that found in patients who are depressed—describing the conflicts they have with their consciences over whether to commit suicide. Like this unknown Egyptian, many religious people who are depressed and wish to end their lives are uncertain about the hereafter. The eternal damnation that severely depressed people occasionally fear must be the equivalent of a tombless, uncared for soul for an ancient Egyptian.

The author then describes his feelings in four poignant poems that are full of deep emotional feelings and thus gives us further insight into his mental state. They are too long to reproduce in full, but certain verses express some essential features. In the



From the *Book of the Dead*.

first poem are eight three-line verses all beginning "Lo, my name is abhorred. . . ."

Lo, my name is abhorred,
Lo, more than the odour of carrion
On summer days when the sky is hot.

Lo, my name is abhorred,
Lo, more than the odour of crocodiles,
More than sitting under the bank of crocodiles.

Lo, my name is abhorred,
Lo, more than a woman
Against whom a lie is told her husband.

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The other verses are similar. This poem appears to express extremely depressive feelings. It contains an element of marked paranoia, showing that others would liken him to evil smells and unfaithful wives. Patients today with severe depressive psychoses sometimes believe that they exude evil and rotting smells and have ideas of self-denigration. It is feasible to postulate that this Egyptian harbours similar delusions.

The second poem has 16 three-line verses all beginning "To whom do I speak today?"

To whom do I speak today?
He that hath a contented countenance is bad,
Good is disregarded in every place.

To whom do I speak today?
Brothers are evil,
A man is treated as an enemy in spite of a righteous disposition.

To whom do I speak today?
There are none that are righteous,
The earth is given over to the workers of iniquity.

To whom do I speak today?
The sin that smiteth the land,
It hath no end.

This poem also expresses depression. Both Erman and Breasted believed that the author may have been describing a genuine state of affairs in the country at the time of writing. There is no doubt that the period between the Old and Middle Kingdoms in Egypt (2181-1991 BC) was a time of political upheaval and turmoil, and it is possible that the original story comes from that time. This might indicate that the subject was on the brink of "anomic" suicide. Personally, I believe that from the information we have already it appears that the subject may be severely depressed, possibly psychotic. The views expressed in this poem may reflect inner fantasy rather than external reality. A man so depressed (then as now) could well harbour certain paranoid delusions about the state of the world about him, that no one loved him, and that the world is full of sin.

In the next poem the author turns away from the pains of living, and in six three-line verses he extols the pleasures of death. Again all verses open with the same line.

Death is before me today
As the odour of myrrh,
As when one sitteth under the sail on a windy day.

Death is before me today
As the odour of lotus flowers,
As when one sitteth on the shore of drunkenness.

Death is before me today
As a man longs to see his house
When he has spent years in captivity.

The author now appears to be on the threshold of suicide. Death holds only sweetness and joy for him. There is no hint of fear; it has become a welcome escape. Again, the content of this poem is not dissimilar to the views expressed by suicidal patients today. Many see death as a pleasant release from the despair of living and suicidal notes occasionally indicate this.

The final poem has three three-line verses, and for the first time religion enters the poem. The ancient Egyptians were religious. They believed that after death they entered the world of the dead and kept company with the gods. Each verse begins "He who is yonder. . . ." Egyptians used this expression for the world of the dead, and in this poem the author tells us how when he is dead he will be thought of differently.

He who is yonder
Shall seize the culprit as a living god,
Inflicting punishment of wickedness on the doer of it.

He who is yonder
Shall be a wise man who has not been repelled,
Praying to Re [king of the gods] when he speaks.

Thus in death the author expects to find a better life where he will no longer be spurned and will be able to take revenge on the wickedness of the world.

I believe that his story, and particularly the four poems, can be considered as the writings of a severely psychotically depressed man with feelings of persecution and self-depreciation who also undoubtedly shows strong suicidal tendencies. If so, since the story is about 4000 years old, it must be the earliest description of depressive illness and also probably the earliest known suicidal note in existence. It is interesting that although the content is not entirely the same as that written by people in depressive states now, the form of the illness is remarkably similar. We have no way of knowing whether this unfortunate individual eventually did end his life, but we can hope that his optimism of the hereafter was well founded.

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References

- 1 Erman A. *The ancient Egyptians: a source book of their writings*. New York: Harper Torchbooks, 1966:86-92.
- 2 Breasted J. *Development of religion and thought in ancient Egypt*. New York: Charles Scribner's & Sons, 1912:188-98.

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Since some left-handed people are taught to use their right hands in early childhood some right-handed people may really be left handed. Is there any way of determining this? Is there any clinical syndrome associated with mixed laterality?

In the past the failure of, or interference with, an established dominance has been a prominent tenet in theories on the cause of stuttering. The speech and writing areas are closely associated in the dominant hemisphere, and the dissociation of the writing area from the speech area by, for instance, retraining a left-handed person to use his right hand was once widely considered to be a sufficient cause to provoke stuttering. The theory of stuttering associated with conflict between two sides of the brain has now lost currency.¹ The imperfect lateralisation for speech, however, indicates lack of cerebral dominance (cerebral ambilaterality), and although this does not imply any psychological abnormality the possessor of this type of cerebral organisation is particularly vulnerable to the effects of stress.²

¹ Kaplan HM. *Anatomy and physiology of speech*. New York: McGraw Hill Book Co, 1971.

² Espir MLE, Rose FC. *The basic neurology of speech*. Oxford: Blackwell Scientific Publications, 1970.

A family of diabetics and prediabetics has a history of coronary diseases; most of the family are overweight and include a girl of 22 normal in every way except for being excessively overweight with an enormous appetite. Does the simple reducing diet¹ fulfil the requirements both of reducing and of a "non-cholesterolaemic" diet—limiting the eggs to four weekly?

The most important aim for fat people with a family history of coronary artery disease is to reduce weight. This is particularly so if the family history also includes diabetes. What type of diet is used to achieve the aim of reducing weight is not relevant. Marriott's diet avoids "calorie-counting," allowing unlimited protein but restricting fat to a few eggs, and carbohydrate to potatoes, vegetables, and fruit, with three slices of bread daily. Some patients find this type of diet helpful, but it is difficult to maintain it indefinitely because of boredom. Fat patients therefore tend to relapse. It is usually better to educate patients as to the calorie content of different foods, so that they may keep to a specific calorie intake indefinitely while varying the constituents of their diet.

¹ Marriott HL. Simple weight reducing diet. *Br Med J* 1949;ii:18.